BINDING ED ESERV C ARGIN

102

PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. AGE should properly class supplied. be may certifical that 80 0 back terms, CO plain Instructions 2 EATH WRITE 50 A OF Every Item CAUSE OF Important.

Fited_

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred to Ward) a hospital or institution, give tts NAME tostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Write the (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased 1805 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day,.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment to (Duration) which employed (or employer) -----BIRTHPLACE Contributory. Secondary (State or country) (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death _____ yrs. ___ mos. ___ ds. State _ Where was disease contracted. 14 THE ABOVE AS THUE TO If not at place of death?. Former or usual residence. OR REMOVAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ilibeen chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits ean be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The coutributory (secondary or intercurrent) Always qualify all diseases resulting from For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

	Village or Div Usfield (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead
	² FULL NAME	Of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 CO OR OR RACE 5 STIGLE, WARRIED, WARRIED	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
certificate	6 DATE OF BIRTH (Month) (Day) (Year)	that last saw har alive on of the saw har alive on
back of	7 AGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
no su	(a) Trade, profession, or particular kind of work	//eachier /our
ructio	(b) General nature of industry business, or establishment in which employed (or employer)	(Duration)yrsmosde.
nt. See instr	9 BIRTHPLACE (State or country) 10 NAM OF FITHE BY	Contributory Second Mr. 0. (Signed) (Signed) (Address)
importa	BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LOOPA WOSSICH	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
is very	13 BIRTHPLACE OF MOTHER (State or eountry)	OR RECENT RESIDENTS) At place of deathyrsmosds. State,yrsmosds. Where was disease contracted,
OCCUPATION	(Informant) The RUE TO THE BEST OF MY KNOWLEDGE	finot al place of death? Former or usual residence DATE OF BURIAL DATE OF BURIAL
OCCUP	(Address) 15 Filed 15 Registrian	20 UNDERTAKER MASSICE ADDRESS ADDRESS ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons write None Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Luborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Sulesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. 'g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Publiperal septichaemia, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrihis, etc. The contributory (secondary or intercurcaugh; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Carcinama, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of ," "Old Age," "Shock," "Uraemia," "Weakness, "Senile," etc.), "Dropsy," carbolic acid—probably State cause for which Never "Exhaustion," report mere wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 3 1915
BUREAU, V.S.

No. 1. zá

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. that It may be See Instructions on back of certificate. Every Item of Information should be a Important. 8 ż

5608 1 PLACE OF DEATH Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead

FULL NAME May Colles	eghton of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesuse 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month) (Day (Year)
6 DATE OF BIRTH Don't Know, 1	that I last saw h alive on of 28, 1915
7 AGE Month (Day (Year)	and that death occurred on the date stated above, at 2 9, m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	acutoliting host
which employed (or employer) **BIRTHPLACE** (State or country)	Contributory Secondary (Borston) yrs mos ds.
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Solution) (Signed) (Signed) (Signed) (Address) (Signed)
OF MOTHER WIND TONGW 13 BIRTHPLACE OF MOTHER (State or country) Some Segments 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Informant) Some Lefter (Address) Mo,	If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL Cresley's DATE OF BURIAL G-2, 191.0.
Filed 4/29, 191 V - 7 9. aclando	Larner Brown Confield

/ If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.//

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberencessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpeeal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exbaustlon," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of deatb), 29 ds.; Never report For vio-

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MAY3 1915
BUREAU, V.S.

PLACE OF DEATH 5009	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist, No. 294
Village or City Tarmount (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale nem opposets	16 DATE OF DEATH April 30 195 (Wonth) (Day (Year)
6 DATE OF BIRTH Opril (Month) (Day (Year)	17—I HEREBY CERTIFY. That I attended deceased from 1913, to White 30, 1915 that I last saw h. & alive on and 26, 193
7 AGE (Month) (Day (Year) 1 LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at 10 '30 p m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) Constant and the content of the content o	Luberculosis of lungs.
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrsmosd
9 BIRTHPLACE (State or country) Farmout 10 NAME OF	Gentributory anemus Secondary (Buration) g yrs 3 mos. d
FATHER Robert moore	(Signed) IV A Surficery, M. 1 april 30, 1915 (Address) 30 9 W/ may 2009,
TI BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 1 OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) At place In the ot death yrs, mos ds. State yrs, mos d
(Interment) Clives H bands	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 3/12 nf 4eh Stansfildman	Greenword Centery May 2, 1915
Filed //Wy 4, 1910 / V . 6. NACONSON REGISTRAR	Strar, 6 E. Franklin St., Balto, Requesting V. S. Vo. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is ucc-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons returu "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease is always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Assuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haeworrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Mcasics (disease causing death), 29 ds.; (Recommendations on statement of For vio-

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BURBAU, V.S.

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PLACE OF DEATH County Somural-	STATE OF MARYLAND CERTIFICATE OF DEATH
~	Registration Dist, No. 260
Village or City (No, (No,	St.; Ward) [If death occorred in a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Mønth) (Day) (Year)	
1 day hre	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory (Secondary) (Doration)
OF MAME OF FATHER OF STATHER OF MATTER OF MOTHER 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed), M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place to the of death yrs mos ds.
Interment)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Denciso Anne mix,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an minc, etc. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid uses of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottchaecause. Always qualify ail diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. Accidental drowning; Struck by railway trainetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mally mere symptoms or terminal conditions, such as "As oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion, Examples: For vio-

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MAYS 1915 BUREAU, V.S. RECORD

PERMANENT

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UNFADING INK-THIS IS

WITH

WRITE

See instructions

CAUSE OF Important.

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PHYSICIANS should state of OCCUPATION is very EXACTLY. classified. properly AGE supplied. Пау that It of information succession DEATH in plain terms, so

5691

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;Ward)	[It death occurred le a hospital or institution give its NAME Instead

of street and number.]

1 PLACE OF DEATH

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, Widowed, Write the Wardowsh		18 DATE OF DEATH (Month) (Day (Year)
6 DAT	Month) (Day (Year)	Mat 1 last saw h = 0 alive on Don 6 , 191 9
7 AGE	89 yrs // mos /6 ds OR min. ?	and that death occurred on the data stated above, at
(a) Tr	rade, protession, or Hausedulers	Brenshire
busines	eneral nature of industry, ess, or establishment in employed (or employer)	(Duration)yrs. 3/mosds.
9 BIRT	State or country) Virginia	Contributory Secondary
-	ONAME OF FRANCIS Eraux	(Signed) (Duration) yrs mos ds.
ENT	1 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Sarph Weston	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 TH	E ABOVE S TRUE TO THE BEST OF NY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death?
(Int	tormant) Omara & Crave	Former or usual residence
16	(Address)	Deals Island Mg Copie 18, 1915

Af more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illfication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping congh; Chronic mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snieidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Puerperal septichue "Exhaustion," Never report



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5692 PLACE OF DEATH PHYSICIANS should state Very OCCUPATION IS * FULL NAME 0 PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. S SINGLE, MARRIED, 3 SEX 4 COLOB OR RACE wisowed, WC ordiverced (Write the word) Exact stated 6 OATE OF BIRTH classified. (Year) (Month) (Day) be 7 AGE If LESS than pinode t day hrs. OR 7 so that it may be properly BOCCUPATION AGE (a) Frade, profession, or particular kind of work carefully supplied. (b) General nature of Industry, business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER of of information should be PARENTS 11 BIRTHPLACE DEATH in plain terms, See instructions on back OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country KNOWLEDGE (Informant) Every Item important. (Address) 15 inson m

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[If death occurred in a hospital or lostitution give its NAME lostead of street and nombar.]
	er pricer and moniber.]

MEDICAL CERTIFICATE OF DEATH
16 OATE OF DEATH Opril 12, 1915
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from
, 191, to
that I last saw h And alive on about 6 moults a gold
and that death occurred on the date stated above, at 6 7, m,
The CAUSE OF DEATH* WAR AN FOllows:
for but he died before I growed
(Duration) 5 yrs. mos ds.
Contributory (Secondary)
(Signed) (Signed) (Signed) (Signed) (Signed) (Address) Mafter Fairmond
*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
At of P. Cennetery Date of BURIAL Dente 1915
20 UNOERTAKER AOORESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... ter" is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," __ (name origin; "Candeath), 29 State cause for FOT VIO-



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D N	Co	unty	Registration Dist. No. 26/	
YSICIANS SHOTO		ma.	[If death occurred	in.
ANS	Vill	lage or City (No. (No.	St.; Ward) a hospital or institution	n,
SICI		W 10 5	give Its NAME Instead of street and nomber.	
RECORD PHYSICIAN of OCCUP		FULL NAME // Marin C.	70704	
H . E		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
CTLY	3 51	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH CAN H	5
XAC	7	Note White (Write the word)	Month) (Day (Year))
RMAI d EXA	6 0	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	om
PE tate Ex		aug 5 96.1	1913 to pr 4 , 191	9
A sed.		(Month) (Day (Year)	that I last saw harra alive on after 3 , 1915	5
S IS A ould be classified	TA		and that death occurred on the date stated above, at	,m,
		5-3 yrs 7 mos 9 ds. 1 day,hrs.	The CAUSE OF DEATH* was as follows:	
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19 bed 1	(b)	General nature of Industry,		
Supplied may be	whi	iness, or establishment in ch employer)	(Ouration) wyrs mas	.ds.
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UNFAI arefully that it certifica	-	Comerce &	Theart (Duration) Doyrs Tomos	ds.
d Car		10 NAME OF FATHER S	(Signed) / L. a. B. allen	D.
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sholin te	AR	12 MAIDEN NAME OF MOTHER SID OTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accided Tal, Suicidal, or Homicidal.	EN-
AINL ation n piair ctions	0.	Clisabely Crownell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)	TS,
H E - 5		OF MOTHER (State or country)	At place In the	- 5
TE P	14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. where was disease contracted,	ds
		Col & for	If not at place of death?	
ten of		(Informant)	usual residence	
V Every iten GAUSE O mportant.		(Address) mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
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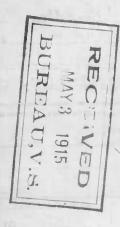
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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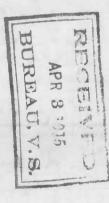
STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH County. Registration Dist, No. fif death occurred inWard) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, ORDIVORCEO (Write the word) (Month) (Day (Year) HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) 0 back 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. _ State ____ yrs. _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 20 UNDERTAKER ADDRESS Filed. 0 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

County Village or C	age of DEATH 5635 ty Danies Lingsly, ULL NAME William 7	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26 St.; Ward) [it death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]
PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 11 1 HEREBY CERTIFY, That I stisned deceased from
6 DATE OF BIF	Mnone ,1	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE	(Month) (Day (Year) It LESS than 1 day,hrs.	and that desth occurred on the gats stated above, at
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business, or est which amployed (Business, or est which amployed (Business, or est which amployed (State or c	of employer)	Contributory Omaciation Yrs mos ds.
10 NAME FATHE	Aslemy Harris	(Signed) (Doration) yrs mos ds. (Signed) (Doration) yrs mos ds. (Address) (Doration) yrs mos ds.
State Control Control	or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHI OF MO (State	or country) W	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, AI place in the ot death
	flasie Mussick	If not at place of death?————————————————————————————————————
CAddress 18 Filed Chris	0. 01-0 11.11	DATE OF BURIAL OR REMOVAL DATE OF BURIAL OF 24, 1915 20 UNDERTAKER ADDRESS Deale Salar

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." schsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or Intercurrent) Measics (disease eausing (Recommendations on statement of death), 29 ds.; For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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Cou

Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

C4.	Word

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Stanley Type	11
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
7/	Male Calared Single, Married Orbitograph (Write the word)	16 DATE OF DEATH Abril 20, 1916 (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Do not Kuan	that I last saw here alive on Upry 30, 1915
7 A	(Month) (Day (Year)	
· A	Suffored 70 grs or all If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
(2	CCUPATION) Trade, profession, or ricular kind of work Clabarer	Replication
bus) General nature of Industry, ilness, or establishment in ich employed (or employer)	(Duration) 2 yrs mos. ds.
9 B	(State or country) Habrual Ind	Secondary (Quation) vrs. mos ds.
	10 NAME OF Stephen Halbrook	(Signed) Aduce O Cuby, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Nabuab Md,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME Heurie Reid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Habital Ind.,	At place to the of death yrs mos ds. State yrs mos ds
	(Interment) Company Knowledge	Where was disease contracted, If not at place of death?————————————————————————————————————
	(Address) Helbral; ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	on apr 20, 1915 - Oho, Bozzar	20 UNDERTAKER ADDRESS
	Jest REGISTRAR	James J. Dennis Tring and that, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-LENT DEATHS state MEANS OF LAURY and qualify as mia," "PUERPERAL peritonitis te. State cause for childbirth or misearriage as "Puerperal scotichaemus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstilial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." Accidental drowning; Struck by raificay train—accident; Revolver wound of healf—homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (seeondary or intercurrent) "Dropsy," "Exhaustion," Never report



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MARGIN REGERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so, that it may be properly classified. Exact statement
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OCCUPATION PHYSICIANS

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred la St.:---Ward) a hospital or institution, give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS BEX 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) l attended deceas DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. t day, hrs. The CAUSE OF DEATH* was as follows:mos,..... OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF PARENTS BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State Where was disease contracted. KNOWLEDGE if not at place of death?..... usual residence LACE OF BURIAL OF BURIAL 15 20 UN ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from affection need not be stated unless important. accipental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreeral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



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stated EXACTLY. PHYSICIANS should state . Exact statement of OCCUPATION is very RECORD PERMANENT supplied. AGE should be si may be properly classified. UNFADING INK-THIS IS A AGE should carefully sup that it ma f certificate. DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH should be of Information DEATH In CAUSE OF Important.

1 PLACE OF DEATH Precess and

5638

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

[It death occurred in

ADDRESS

²FU	JLL NAME	yuthia	Jours St., ward	a hospital or institution, give its NAME inslead ot street and number.]
PERS	SONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
Fruele	Colored	S SINGLE, MARRIED, MARRIED WIDOWED, ORDIVERCED (Write the word)	(Month) 17 I HEREBY CERTIFY, That	5 8 ,1915 (Day (Year)
7 AGE	Not kee	(Day (Year) if LESS than 1 day,hrs. ORmin. ?	that I last saw her alive on Telland that death occurred on the date stated. The CAUSE OF DEATH* was as follows:	2158 , 1915.
(a) Trade, protessic particular kind of (b) General nature business, or estal which employed (o) 9 BIRTHPLACE (State or co	work	veref.	Contributory Secondary (Burston)	eculosis S'yrs. mos. ds.
<u>U</u>	PLACE THER OF COUNTRY) NAME THER Martle	Tkunn Britighan	(Signed) Of the Means of Injury; a Tal, Suicidal, of Homicidal. 18 Length of Residents (Burator) (Burator) (Address) (Address) *State the Disease Causing Death, of Causes, state (1) Means of Injury; a Tal, Suicidal, or Homicidal.	
OF MOT	or country)	ST OF MY KNOWLEDGE	At place in the ot death yrs. mos. ds. State where was disease contracted, if not at place of death? Former or usual residence.	DATE OF BURIAL

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specieated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation -- Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease eausing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and eonsequenees (e. g., mia," "PUERTERAL peritonitis," etc. State cause for nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report Always qualify all diseases resulting from Mcasles (disease eausing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



Important.

N. B.

15

RECORD PERMANENT stated EXACTLY. so that it may be properly classified. 4 should be UNFADING INK-THIS AGE carefully supplied. WITH Item of Information should be DEATH in plain terms, See Instructions WRITE CAUSE OF

PHYSICIANS should state Exact statement of OCCUPATION is very of certificate. on back 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

BURIAL OR REMOVAL

[If death occurred in a hospital or institution, give its NAME lostead mber.]

., 191

DATE OF BURIAL

ADDRESS

² FULL NAME	or street and dumper.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	that I last saw h alive on ,191	
AGE If LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
(a) Frade, profession, or particular kind of work	(Duration) yrs. mos. ds. Contributory (Secondary)	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)	
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the ot death yrs, mos, ds. State yrs, mos, ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms) ; Measles; Whooping cough; Chrown er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the



			5700
0 to		1 PLACE OF DEATH	STATE OF MARYLAND
AN	Coun	. Somerset	CERTIFICATE OF DEATH
SICIANS tement of	Coun	7.1.1.	Registration Dist. No. 265
Exact sta	Villag	ge or City Marie Change (No. 2 FULL NAME Sidney (O)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXAC sified.	-1.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	3 SE:	all Thile Single MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH CAND SO, 1915- (Month) (Day) (Year)
sta erly ate.	010	A /	17 HEREBY CERTIFY, That I attended deceased from
hould be sta be properly certificate.	DA	TE OF BIRTH (Month) (Day) , 19/4 (Your)	that I last saw halive on, 191,
10 1-	7 AG	E / If LESS than	and that death occurred on the date stated above, atm.
AGE it ma	-	yrs. / O mes. / 7 ds. OR min.?	The CAUSE OF DEATH * was as follows:
that	8 00	Trade, profession, or	office and reported the
suppli s, so t	W 1 / 1	ticular kind of work	Child died waderly,
ns, su	bus	siness, or establishment in	(Burstion) yrs. mos. ds.
n terms, instructi	_	ETHPLACE	Contributory
carefiain t		(State or country) Somuest fee,	Secondary (Ouration) yrs mos ds.
o o		10 NAME OF Sidney Lander	(Signed) CRR 1 M. O.
ion should F DEATH important	ENTS	11 BIRTHPLACE OF FATHER (State or country) Samust 60	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
	PARE	12 MAIDEN NAME Mellisa Trans	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
formation of the second of the		13 BIRTHPLACE OF MOTHER (State or country)	At piece In the formula of deeth
NO.	14 TI	HE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at piece of death?
TIO		(Informant) Sidney Landers	Former or
Every item of should state OCCUPATIO		(Address) Ousfield Md.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Every	15	4/5/ 1- In of 1/1/1/1	20 UNDERTAKER DE LA DÓRESS A LA DÓRESS A
.	File	REGISTRAR	O. S. Lausbri Interisfield me
Z		off more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Never return "Laborer," If retired from (b) Auto-Ciril

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified,

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by earbolic acid-probably SUICIDAL, OF HOMICIDAL, or as prabably such, if impossible state MEANS OF INJURY and qualify as birth or misearriage as "Publiperal septichaemia," suicide. The nature of the injury, as fracture of skull, Struck by railway train—accident; Revolver wound to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Öld Age," "Shock," "Uracmia," "Weakness," chopneumonia (secondary), 10 ds. cough; Chronic vulvular heart disease; Chronic interstitiud ges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of..... "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Thinor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of "Coma," "Senile," "Convulsions," "Debility" ("Conetc.), "Dropsy," Never report mere "Atrophy," "Exhaustion," ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed,

MAY3 1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

PLACE OF DEATH	5701 STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Onefield (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Valze WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
GDATE OF BIRTH Chil 27 118	
7 AGE (Month) (Day) (Yes	than and that death occurred on the date stated above, at # 20 m
52 yrs. 4 mos. 20 ds. OR min	The CAUCE OF DEATH & week on follows.
a) Trade, profession, or Cools particular kind of work	that had dead and dudent
(b) General nature of Industry business, or establishment in Cook on the day bout	Natural Courses (Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) Storoisen Norw	Contributory Secondary (Quration) yrs. mos. ds
O II DISTRICT	(Signed) ON M. 0
OF FATHER (State or country) University	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicipal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Informant) Q. Q. No.	Where was disease contracted, if not at place of death? Former or usual residence
(Informant) a.a. Nost (Address) Washington (C.C.)	Instield Quelary all 1915
Filed Chr. 7 1915 REGISTRAF	20 Whoentakes Lawson Busfield
If more blanks are needed, address State Regist	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But is provided for the latter statement; it should be used business or industry, and therefore an additional line applies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in in many cases, If retired from engineer, "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, nemin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenelature of the American Medical Association.) Struck by railway train-accident; Revolver wound suicide. head-homicide; Poisoned by earbolic to determine definitely. Examples: Aecidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... cause. "Anaemia" chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important, nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" (secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," "Atrophy," "Colacid—probably "Exhaustion," ("Con-



OCCUPATION PHYSICIANS RECORD LZU classified. properly supplied. pe may ZIOU plain 2 EATH ō 0 P0 Every item CAUSE OF Important,

Instructiona

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred la ...Ward) a hospital or lostitution. give its NAME lostead of street and number.] ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLON OR RACE MARRIED, . 191. WIDOWED. (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH alive on (Day) (Negr) (Month) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER S . 101 .5. (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. State yrs, mos, ds. Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or Informant ... usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Con-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as -Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory Always qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion, Never report Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

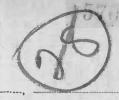
RECORD

V. S. No. 1.

N. B.—Every Item of CAUSE OF I

1 PLACE OF DEATH

FULL NAME



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 6

St.; Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and nomber.]

8.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White Single, Married, Wioowed, Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
OCT 55, 1881 (Month) (Day (Year)	may 1914 to ofar 15, 1915, that I last saw h 2 alive on 1915
7 AGE 3 3 yrs 5 mos ds or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (e) Trade, protession, or particular kind of work (b) General nature of Industry,	Extraction
business, or establishment in which employed (or employer)	(Duration) yrs mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Ouration) / yrs 6 mos ds
10 NAME OF FATHER John Me James	(Signed) Dr. Da Belling, M. D. 4/15 1915 (Address) Marion
C OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Somerant	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) Af place ot death yrs. mos. ds. State iyrs. mos. ds
(Informant) Hallow Long	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Shellbacon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Ehobut 191.1-17, 191.1-
Filed 4/17, 1914 - F. 2 Cellens	20 UNDERTAKER Slevensan Correction
If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid difference ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meminges, peritonaeum, etc., Carcin-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred is St .:Ward) a hospital or institution. give its NAME lostead of street and oumber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Month) (Day) ORDIVORCED. (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) yrs mos / ds. which employed (or employer) -----Contributory..... 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 101 (Address) OF FATHER (State or country) Z *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death _____ yrs. ___ mos. ___ ds. State yrs. ____ mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE It not at place of death?.. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed. REGISTRAR Of more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers statement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman," (6)

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County County Village of City FULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
pil /6, 915	that I last saw halive on, 191,
7 AGE (Month) (Day) (Year) 1 LESS than 1 da hrs. 9 or mos. ds. or ma ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Musture Kull
(b) General nature of Industry business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Deration) yrs mos ds.
10 MATHERINAN Moddox 11 BIRTHPLACE	(Signed) , M. 0.
11 BIRTHPLACE OF FATHER (State or country) WAJDEN NAME OF MOTHER OTHER OT	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of deathyrsmosds. Stete,yrsmosds. Where we disease controcted,
(Informati)	if not et place of death?
(Address) Rustew Mu	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (10 10 10 10 10 10 10 10 10 10 10 10 10 1
Flig 6 1957 Poulbour	Garneto Brown Cristield
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever write Nane. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Caal mine, etc. various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in (b) Grocery; (a) Foreman, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Heenorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths lapse," "Conna," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Never report mere head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of birth or miscarriage as "Puerperal septichacmia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of carbolic acid-probably ACCIDENTAL, important.



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Prince of Me.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SHREET, MARRIED, WIDOWED, ORDINATES (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw her alive on Oforil 30, 1915
FOCCUPATION (a) Trade, profession, or Fourserous for particular kind of work.	and that death occurred on the date stated above, at VIVI m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Acoma Co Ug	Contributory Aracecce a secondary (Ouration) yrs mas ds
11 BIRTHPLACE OF FATHER (State or country) Comae Co. Da. 12 MAIDEN NAME OF MOTHER DA COMMENTER OF MOTHER DA COMME	(Signed) Chal, W. D. White Charles, M. D. Charles, 1915 (Address) Miles Charles Hay State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State op: country) Comac Co Va, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Las, La Comecony	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Market Thrown Mey 16 Flied #/\$2 , 1915	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL PROPERTY AND ADDRESS PROPERTY AND ADDRESS
grand and medica, address state Regis	mar, o En grankin St., Dano., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Colton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tclanus) may be stated under the head of mia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstilial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal seplichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N.B.

5717 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR BACE 5 SINGLE, MARRIED, Augle WIDOWED, ORDINORCED (Write the word)	16 DATE OF DEATH Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	Month) (Day (Year)	that I last saw h alive on Chr 24 , 1915.
7 A(GE If LESS than 1 day,hrs. yrs mos. ds. ○R min.?	and that death occurred on the date stated above, at 8 9 m. The CAUSE OF DEATH* was as follows:
(a) pai (b)	OCUPATION Trade, profession, or ricular kind of work General nature of Industry, iness, or establishment in	(Duration) yrs mos ds
	RTHPLACE (State or country) Crus July R.J.	Contributory Secondary
NTS	10 NAME OF HORMAN Mason 11 BIRTHPLACE OF FATHER (State or country) Somewhat Con Mason	(Signed)
PAREN	12 MAIDEN NAME WANT C DUSCHY 13 BIRTHPLACE OF MOTHER 15 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
	(State or country) Sonors on Min HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant):	of death
16 Fil	ed The 241915 & Eballing REGISTRAR	asbury Coursely april 25, 1916- 29 UNDERPREE AUGUST 29 UNDERPREE COURSES 29 UNDERPREE COURSES Criffeld
	of If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vio-Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallg-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 4 1915

BURTAU, V.S.

V. S. No. 1.

57.8	
1 PLACE OF DEATH	STATE OF MARYLAND
County Nomerael	CERTIFICATE OF DEATH
County No. 2 Peter De	Registration Dist. No. 260
Village or City Prince of Amod (No	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Jannie Mi	give its NAMF instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH CALL A 1916 (Month) (Day (Year)
Secuale Cofoxed (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day (Year)	that I last saw halive on
7 AGE Thouh If LESS than	and that death occurred on the date stated above, at
# 4 yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
yrs mos, ds. OR min.?	I did not see or allered
(a) Trade, profession, or	this women - I did are
particular kind of work. (5) General nature of Industry,	her fuel of lon death from
business, or establishment in which employed (or employer)	Chied byth (Ouration) yrs mos do
	Contributor Possibly Done / Kens
(State or country)	Recondary
10 NAME OF 4	
FATHER herm King	(Signed) Thas lo love in sight M.
O 11 BIRTHPLACE OF FATHER	7/11 , 191.5. (Address) Porsice & Bill
State or country) Homerel Co	*State the Disease Causing Death, of, in deaths from Violen Causes, state (1) Means of Injuny; and (2) whether Acciden Tal, Suicidal, or Homicidal.
a Mushrown	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State yrs, mos. d
THE ABOVE TO THE BEST OF MY KNOWLEDGS	Where was diseaso contracted, If not at place of death?
(Interment) Lax. O. Commonth	Former or usual residence
(Address) machen lung) mil	19 PLACE OF BURIAL OR REMOVA DATE OF BURIAL
Filed H/1 V 1915 9. James	20 UNDERTAKER ADDRESS
REGISTRAR	War James BB
If more lanks are needed, address State Regi	- Vigiting

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. material worked ou may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salcsman, "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—In with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid didenumonia"); Lobar pheumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, totanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of Never report



V. S. No. 1.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 26/

-St	 Ward)

[If death occurred in a hospital or Institution,

FULL NAME Mesly IT	give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED MOSSEL (Write the word)	16 DATE OF DEATH 4 0 ,1915 (Year)
Obout (Month) (Day (Year) 7 AGE Would 75 yrs bomos Bruss or min.?	that I last saw h alive on for g 1915, to g 1915, to g 1915, that I attended deceased from that I last saw h alive on for g 1915, and that death occurred on the date stated above, at 3-30 A, m, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Thomas Drove	(Signed) Otromory (Duration) (Duration) (Duration) (Duration) (Signed) (Duration) (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Dont Broad	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	Af place In the of death yrs. mos. ds. State yrs. mos. ds. Makere was disease contracted, If not at place of death?————————————————————————————————————
(Address) Searcon Ind. 15 Filed 10 1911 J. O. O. O. REGISTRAR If more blanks are needed, address State Regis	PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Tran, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For vio-



BINDING 20 RESERVED MARGIN

02

RECORD statement PERMANENT EXACTLY. classifled. 4 S should -THIS properly AGE INK supplied. pe UNFADING may WITH terms, pinous PLAINLY, plain of information _ DEATH WRITE P-0 Every It ż

state Very PHYSICIANS should of OCCUPATION IS certificate. of on back See instructions Important.

PLACE OF DEATH

PERSONAL AND STATISTICAL

4 COLOR OR RACE

2FULL NAME

6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of Industry,

business, or establishment in

which employed (or employer)

7 AGE

ARENT

15

14 THE ABOVE

STATE OF MARYLAND

month.	CERTIFICATE OF DEATH Registration Dist. No. 2.69 St.; Ward) Arab felicus [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NGLE, IRRIEO, DOWED, DIVORGEO rite the word)	16 DATE OF DEATH No know , 191_ (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Dry , 1915	that I last saw h alive on 191
If LESS than	snd that death occurred on the date stated above, at
	4 month felis
1 0	Contributory Secondary
land	(Duration) Ars most de

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

At place	In the		
ot death yrs mo:	s ds. State	yrs.	mos ds
Where was disease contracted.			

usual residence..

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart discuse; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Tuerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The coutributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustlon,"



V. S. No. 1.

PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

5711

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME GOVAN () Mellow			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
Month) (Day (Year)	that I last saw h in allve on Africa 18, 1915.		
7 AGE 1 LESS than 1 day,hrs. 0Rmln.?	and that death occurred on the date stated above, at 1/30 am, The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duratien) yrs mos, 2-3 ds.		
9 BIRTHPLACE (State or country) Some Set & Mill 10 NAME OF FATHER & Melson	Contributory New Perfection, Secondary Woster of Course (Duration) yrs mos of ds. (Signed)		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL		
13 BIRTHPLACE OF MOTHER (State or country) Somosta Roo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence		
Filed Glu 29 1915 - E & Calling REGISTRAR	Asoury Cemelary april 307, 1915- 20 UNDERTAGER LAWRON Crepfield		
If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many applies to each and every person, irrespective of age. who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-cesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head or "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 may be stated under the head "Dropsy," "Exhaustion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Original Control of the Country Somewhat State of City Original Control of the Country of the C	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) St.; Ward) Ill death occurred la a hospital of mistinution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVORCEO (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That lattended deceased from 1915, to Carrier (1915)
1846	all and all and a
(Month) (Day (Year) 7 AGE (Month) (Day (Year) 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH * was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country.)	Contributory Julinomary Julin culoses Secondary
10 NAME OF FATHER Melian Sava. 11 BIRTHPLACE OF FATHER (State or country) Soviered of Mother OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds Where was disease contracted, If not at place of death? transients and the place of death? transients are residence.
(Address) Complete Co	January Date of Burian Standard Standar

[Approved by U. S. Consus and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day taborer, Farm taborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mitt; (a) Satesman, (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State canse for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart falinre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ample: Meastes thre of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

SICIANS should state occupation is very	Village or Gity Eden (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
PHYSIC of OCC	*FULL NAME Samuel Quint	on Parker of street and number.]
Y. ent	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ould be stated EXACTLY. classified. Exact statement	Aug. (Month) (Day (Year) Tage 4 COLOR OR RACE 5 SINGLE, MARRIED, Sungle Monthe, OR DIVORCED (Write the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from form of the last saw home alive on form of the delta to
ACE should properly class	8 mos 4 ds. OR min.?	and that death occurred on the date stated above, at & A - m. The CAUSE OF DEATH* was as follows: Crebral applexes
N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be primportant. See instructions on back of certificate.	particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maiden Name OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 16 Filed Filed PREGISTRAR	(Buration)
	1	(Mg.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal schtichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAYS 1915 BUREAU, V.S.

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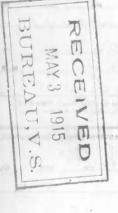
instructi

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state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or only when needed. As examples: (a) Spinner, (b) Cotton write Nonc. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. Never return Compositor, Architect, For persons who have no occupation whatever, Women at home, who are engaged in At home. Care should be Locomotive If retired from engineer, "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suiride. head-homicide; Poisoned by carbolic acid-Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracinia," "Weakness, state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Heemorrhage," "Inanition," "Marasbirth or misearriage as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valuular hoort disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion, -probably



S. No. 1.

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N. 8.

Village or City Crafield (No. 31,4	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 265 St.; Ward) Lack Research St.; Ward) Lack Research Grant State of Street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thate Lubite 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	haich 20, 1915, to haif 6, 1915,
(Month) (Day) (Year)	that I last saw handlive on fine 6 , 1915,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 2A.m.
66 yrs 2 mos 10 ds. OR min.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession, or Color	Thetras De gingelelion
(a) Trade, profession, or Collain Soft office (b) General nature of industry husiness, or establishment in U.S. Post office Butt. which employed (or employer)	(Duralion) yrs mos ds.
9 BIRTHPLACE (State or eountry)	Secondary Carenary
10 NAME OF FATHER PARSES Russe	(Signed) yrs mos ds
11 BIRTHPLACE OF FATHER (State or, country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental,
of MOTHER June Standolon	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Unlaway	OR RECENT RESIDENTS) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not all place of death?
(Informan) James Reed	Former er usual residence
(Address) Property and 15	Prisheld Cemelary april 9th 1915
Filed Afric 7 1915 / Boullown	20 HNDERTAKER
REGISTRAR If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Forenun," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valandar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . "Heart failure," "Hacmorrhage," "Inanition," "Maraschopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puerperal septichacmia," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Urmmia," "Weakness, Never report mere ACCIDENTAL,



RECORD

BINDIN	
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WRITE

1 PLACE OF DEATH should is OCCUPATION Registration Dist. No. PHYSICIANS St .: Ward) PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 dayhrs. OR 7 properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. carefully supplied. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 00 back 11 BIRTHPLACE ..., 101 (Address) ... terms, ENT OF FATHLR (State or country) should 0 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. in plain EATH in plain e instructions OF MOTHER Information OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) _____ yrs. ____ mos. ____ ds. Where was disease contracted. If not at place of death?... of DE Former or Every item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

[If death occurred in a hospital or Institution. give its NAME lostead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at P3 Q *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS State yrs mos ds. DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphthcria (avoid use of "(Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Surcoma. etc., of __ ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For VIO-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred inWard) a hospital or institution. give Ifs NAME instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I.HEREBY CERTIFY, That I attended deceased iron that I last saw h (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..., 1 dayhrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Duraflon) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ mos. __ Where was disease confracted. 14 THE ABOVE IS TRUE If not af place of death?. Former or (Informant) -usual residence. DATE QFABURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is necupplies to each and every person, irrespective of age. who have no occupation whatever, write None. catcd thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—like primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildblrth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion,"



V. S. No. 1.

	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	-Every item of information should be carefully supp GAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
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PLACE OF DEATH 5771	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Free (No	St.; Ward) Stoward St.; Ward) a hospital or institution, give its NAME lostead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, OR DIVDRCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Offer. 30, 1900 (Month) (Day) (Year)	Of 30, 1915 to Of 30, 1915, that I last saw h
7 AGE 11 LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work	(Duration) yrs, mos, ds.
which amployed (or employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory (Secondary) (Duration) yrs mes ds.
FATHER Winds	(Signed) Oliver No. 0.
Z (State or country) 12 MAIDEN NAME OF MOTHER POLONE TURNING	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Next	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAP. 35, 191.5
Filed May 1915 - Someth REGISTRAR If more blanks are needed, address State Registrar	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industy; and therefore an applies to each and every person, Irrespective of age. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal scotichacetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ -Hart fallure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



RECORD

N. B.—Every item of CAUSE OF I

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(Address)

Village or City Masson (No. 25ULL NAME Books July	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.26 St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male octor or race single, clicked wromen. Married. White woower. (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 hereby Certify, That I stiended deceased from
7 AGE (Month) (Day (Year) 1 (LESS than 1 day,hrs. ORmin.?	that I last saw here alive on April 1915 and that death occurred on the date stated above, at 2 m The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Contributory Splitters Contributory Contributory
OF STATE OF COUNTRY Someway Comments of Manager Country Someway Comments of Manager Control of Manager Country Someway Comments of Manager Control of Mother Of Mother Overs Relaced	(Signed) (Buration) yrs mos ds (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country) Jonust G Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence

OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) dent; Revolver wound of head-homieide; Poisoned The contributory (secondary or intercurrent)



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

/	1 PLACE OF DEATH	STATE OF MARYLAND
A.	Somment 3119	CERTIFICATE OF DEATH
	County Solvanser	Registration Dist. No. 266
	8.2001	
	Viilage or City (No,	St; Ward) [If death occurred in a hospital or institution,
	500 . 1	give its NAME Instead- ot street and number.]
	2 FULL NAME / Cary Co.	ot street and number.
-		WEAK A STATE OF THE STATE OF TH
	PERSONAL AND STATISTICAL PARTIOULARS	MEDICAL CERTIFICATE OF DEATH
34	4 COLOR OR RACE SINGLE,	16 DATE OF DEATH April 31, 1915
17	wide or with the word)	(Month) (Day) (Year)
8	DATE OF BIRTH	17 HEREBY CESTIFY, That I attended deceased from
	(1/2) 4 1/62	1910, to april 1, 1913.
	(Month) (Day) (Year)	that I last saw h. Wallve on alle J. 1915
7	AGE If LESS than	and that death occurred on the date stated above, at 1. 45 m.
	5317 1 day,hrs.	The CAUSE OF DEATH* was as follows:
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	b) General nature of Industry, usiness, or establishment in	Λ Α
	hich employed (or employer)	(Ouration) yrs. mos ds.
9	State or country)	(Secondary)
	well	(Duration) vrs. mos ds
	1D NAME OF FATHER	(Signed) Duas. V. Jesuvalla
	rayes russier	(algilieu) , M. D.
ARENTS	11 BIRTHPLACE OF FATHER	, 1910. (Address)
	(State or country), Mary Co, Mi	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SULVINIA OF LANGUAGE.
AR	12 MAIDEN NAME OF MOTHER	TAU, SUICIDAL, OF HOMICIDAL.
0	The court of the c	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
	THE ABOVE IS TRUE ID THE BEST OF MY KNOWLEDGE	It not at place of death?
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	Filed 191 191 191 191 REGISTRAR	U.B. nadstaw Eine 00
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[Approved by L. S. Census and American Public Health
Association.]

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OZIOZIS MARGIN Information Jo Item

state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No Fif death occurred in -Ward) a hospital or institution. give its NAME instead of street and nomber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) PROIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from , alive on, 191 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at, t day,hrs. The CAUSE OF DEATH* was as follows: OR 7 .mos......ds. GOCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry. business, or establishment in (Duration) which employed (or employer) State or country) Secondary 10 NAME OF FATHER (Signed) .., 191. ... (Address) 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Instruct 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. State yrs. ___ DEATH Where was disease contracted. THE ABOVE IS TRUE If not at place of death? Former or OF Every Item CAUSE OF Important. osuai residence 19 PLACE OF BURIAL OR REMOVAL DATE, OF BURIAL 15 ADDRESS œ. REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfuliy employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-"Laborer," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. properi INK pe UNFADING of plain Instructions II. DEAT See 0 10 Item Important. CAUSE

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state

STATE OF MARYLAND PLACE OF DEATH ERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred to a hospitat or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH 5 SINGLE. MARRIEO. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSEN, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place tn the OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. State yrs. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL DATE OF BURIAL OR REMOVAL 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Когешан,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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BINDING FOR RESERVED MARGIN

V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD PLAINLY, WITH UNFADING INK-THIS IS WRITE N. B.—Every item CAUSE OF

PLAGE OF DEATH 5722	STATE OF MARYLAND
1-	CERTIFICATE OF DEATH
County	Registration Dist. No. 253
Village or City NOT Occus (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fundle Colored Single, MARRIED WIDOWES Comprosed (Il rite the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day (Year)	that I last saw halive on, 191
⁷ AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH Was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER This	(Signed) (Duration) mos. ds.
OF FATHER 7	4-14, 1915 (Adbress) Cina Tend
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UAle	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccideNTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At piace in the of death
(Informant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseasa contracted, if not at place of death? Former or usual residence.
(Abdress) Lieuce (Alexe M TD) 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4-15, 1914
Filed April 13, 1915 - Warsh Jeh Gran Fiegistran	Deskell Broo Hunked
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to brospinal meningitis"); Diphtheria (avoid use of fover (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

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tions answere If this certificate is looked over thoroughly and all quesin detail, it will prevent further correspondata is essential and must be obtained before

permanently filed.



V. S. No. 1.

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1 PLACE OF DEATH

5725

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Meg

St.;....Ward)

[If death occurred la a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Sufunt Wha	comy in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the woyd)	18 DATE OF DEATH (Month) (Day (Year)
8 p	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h alive on, [9]
(a	GE Scupation Trade, profession, or or ordicular kind of work	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows:
bus	General nature of industry, siness, or establishment in ich employed (or employer)	(Duration)yrs,mos,ds.
	10 NAME OF FATHER Daid Whillingh	Gontributory Secondary (Ouration) yrs mos ds. (Signed) 2 2 - adam Laro.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
4	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted,
	(Informant) Sand Whellingh	if not at place of death?————————————————————————————————————
16 FII	(Address) Morry 181 4-21, 191 4-3-2-Calaus. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Watter Chuful 4-27, 1915 20 UNDERTAKER Duild Whillingth Morring
	If more blanks are needed, address State Regist	trar & E. Franklin St. Palto Possesting W. S. N.

E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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